

10/607902

Please type a plus sign (+) inside this box ☒

# UTILITY PATENT APPLICATION TRANSMITTAL

(only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

DEP5114

First Inventor

Jeffrey Sutton

Title

Helical Probe

Express Mail Label No.

EU486915070US

## APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO: MS Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(submit an original and a duplicate for fee processing)2. ☐ Applicant claims small entity status.3. ☒ Specification [Total Pages 26]

(Preferred arrangement set forth below)

- Descriptive Title of the Invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. ☒ Drawing(s) (35 USC 113) [Total Sheets 5]

5. Oath or Declaration [Total Pages 3]

a. ☒ Newly executed (original or copy)b. ☐ Copy from a prior application (37 CFR 1.63(d))

(for continuation/divisional with Box 18 completed)

i. ☐ **DELETION OF INVENTOR(S)**

Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6. ☐ Application Data Sheet. See 37 CFR 1.767. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

a. ☐ Computer Readable Form (CRF)b. ☐ Specification Sequence Listing on:i. ☐ CD-ROM or CD-R (2 copies); orii. ☐ paperc. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))10. ☐ 37 CFR 3.73(b) Statement ☒ Power of Attorney  
(when there is an assignee)11. ☐ English Translation Document (if applicable)12. ☒ Information Disclosure Statement

(IDS)/PTO-1449

☒ Copies of IDS Citations13. ☐ Preliminary Amendment14. ☒ Return Receipt Postcard (MPEP 503)

(Should be specifically itemized)

15. ☐ Certified Copy of Priority Document(s)

(if foreign priority is claimed)

16. ☐ Request and Certifications under 35 U.S.C. 122

(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.

17. ☒ Other—Certificate of Mailing☒ Second Set of Drawings18. ☐ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No.: , filed .

Prior application information: Examiner Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 000027777 or ☐ Correspondence Address below

Name: Philip S. Johnson, Esq.

Address: Johnson &amp; Johnson

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## 20. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to Thomas M. DiMauro at:

Telephone: (508) 880-8401

Fax: (508) 828-3789

## 21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME

Thomas M. DiMauro

Reg. No. 35,490

SIGNATURE

DATE

6.25.03

21905 U.S. PTO

10/607902



06/26/03

<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
	Application Number	
	Filing Date	
	First Named Inventor	Jeffrey Sutton
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	DEP5114

## FEE CALCULATION

### CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	80 - 20 =	60	x 18.00	\$1,080.00
INDEPENDENT CLAIMS	8 - 3 =	5	x 80.00	\$400.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	
			TOTAL FEES	\$2,190.00

## METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0719/DEP5114/TMD in the amount of \$2,190.00.  
Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/DEP5114/TMD. Three copies of this sheet are enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	Thomas M. DiMauro	Reg. No. 35,490
Signature	<i>Thomas M. DiMauro</i>	Date: 6.26.03
		<b>Deposit Account No. 10-0750</b>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jeffrey Sutton

For : Helical Probe

Express Mail Certificate

"Express Mail" mailing number: EU486915070US

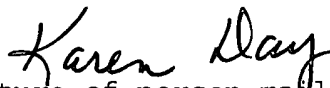
Date of Deposit:

6/26/03

I hereby certify that this complete application, including specification pages, claims, formal drawings, Declaration and Power of Attorney, and Assignment, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

Karen Day

(Typed or printed name of person mailing paper or fee)



(Signature of person mailing paper or fee)